DOCUMENT RESUME

ED 241 123 PS 013 656

TITLE Recommended Procedures for Handling Emergency Illnesses and Accidents at School.
INSTITUTION North Dakota State Dept. of Health, Bismarck.
PUB DATE [83]
NOTE 19p.
PUB TYPE Guides - Non-Classroom Use (055)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Accidents; Elementary Secondary Education; *First Aid; Guidelines; *Injuries; *Methods; School Policy; *School Responsibility; School Role
IDENTIFIERS *Emergencies; PF Project

ABSTRACT

Recommended procedures for handling emergency illnesses and accidents are provided in this guide for school personnel prepared by the North Dakota State Department of Health. Following five general recommendations for steps to take in emergency situations, advice and techniques are given for handling: nose bleeds; abdominal pain; toothaches and broken teeth; cuts, abrasions, and lacerations; headaches and head injuries; convulsions; foreign bodies in ears, nose, and throat; bites by animals, snakes, or insects; eye injuries; frostbite; burns; bleeding; loss of consciousness and shock; and broken bones and suspected spinal injuries. A list of necessary health room equipment and first aid supplies is included. A page of general recommendations covers the administrative procedures and policies schools should develop for emergencies. A page on which to record emergency telephone numbers concludes this guide. (JH)

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Recommended Procedures

For Handling Emergency Illnesses and Accidents at School

ED241123

PREPARED BY:

Divisions of Health Education & Emergency Health Services
NORTH DAKOTA STATE DEPARTMENT OF HEALTH

GENERAL RECOMMENDATIONS—AT TIME OF EMERGENCY

NOSE BLEEDS

ABDOMINAL PAIN

TOOTHACHES AND BROKEN TEETH

CUTS, ABRASIONS, AND LACERATIONS

HEADACHES AND HEAD INJURIES

CONVULSIONS

FOREIGN BODIES

BITES

EYES

FROSTBITE

BURNS

BLEEDING

LOSS OF CONSCIOUSNESS AND SHOCK

BROKEN BONES AND SUSPECTED SPINE INJURIES

HEALTH ROOM EQUIPMENT AND FIRST AID SUPPLIES

GENERAL RECOMMENDATIONS

EMERGENCY TELEPHONE NUMBERS 2

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PS 013 696

1. Keep calm.
2. Give immediate attention to:
   a. Establishing an open airway if this is blocked, and starting mouth-to-mouth resuscitation if the individual has stopped breathing.
   b. Stopping bleeding.
   c. Treating shock.
   d. Washing irritant chemicals out of eyes, or off skin or mucous membranes, with large amounts of water. Irrigate continuously for at least several minutes (up to 20 minutes).
3. Most other conditions do not require this urgent action. Check further recommendations first.
4. Remember, in handling emergencies, often the "don'ts" are more important than the "do's."
5. Where immediate medical attention is indicated, first priority goes to contacting the physician. Otherwise, where possible, contact the parents first.

GENERAL RECOMMENDATIONS—AT TIME OF EMERGENCY

NOSE BLEEDS

1. Keep calm. Take child outside of classroom until bleeding is controlled.
2. Have child sit up. Loosen clothing around neck.
3. Gentle blowing is suggested to remove partially formed clots prior to applying pressure. Apply pressure to the side or sides of the nose from which blood is coming, and press side of nose tightly against midline partition for 5 minutes x 3; take to physician if not stopped.
4. Recurrent nose bleeds need medical attention.

NOSE BLEEDS

ABDOMINAL PAIN

1. Mild abdominal pain may be due to constipation, menstrual periods, diarrhea, etc. This usually responds to rest and time.

2. If a child has severe abdominal pain; if the pain is accompanied by vomiting, fever, passage of bloody stools; or follows a blow to the abdomen, parents should be notified and medical attention obtained. Nothing should be given by mouth.

3. If a child has recurrent abdominal pain, he should be checked by his physician.

4. Placing pillows under knees may help relieve pain.

ABDOMINAL PAIN

TOOTHACHES AND BROKEN TEETH

Toothaches:

1. Advise parents to take child to dentist.
2. Do not apply aspirin or toothache drops to relieve pain. May use small ball of plain cotton on cavity.

Broken Teeth:

1. If a tooth is fractured (part broken off) notify the parents so they can contact their dentist.
2. If a tooth is completely knocked out, save the tooth and have the parents take this with the child to the dentist.

TOOTHACHES AND BROKEN TEETH 4/5

CUTS, ABRASIONS, AND LACERATIONS

1. Do not try to wash and cleanse deep wounds-particularly wounds that go down to bone and particularly deep wounds on the head. Deep wounds which require stitching or involve bone should receive a physician's attention promptly. Control bleeding, cover with sterile gauze, and seek medical care.
2. In case of small superficial abrasions and cuts, control bleeding, cleanse gently with water and antiseptic soap, and cover with a sterile gauze.
3. Puncture wound or wounds made by dirty, rusty agents are apt to cause tetanus. In these cases advise parents to contact their physician.
4. Find out how the cut or abrasion occurred and inform parents so they can have this information when they contact their physician. The school should be prepared to tell the physician of the pupil's tetanus immunization status.

CUTS, ABRASIONS, AND LACERATIONS

HEADACHES AND HEAD INJURIES

Headaches:

1. Mild headaches generally respond to rest. Either have the child rest his head on the desk for a short period of time, or lie down in the health room.
2. Aspirin should not be provided or dispensed by the school. Headaches severe enough or frequent enough to require aspirin also require parental and often medical attention.
3. Headaches should receive emergency medical attention if they are very severe; are severe and of sudden onset; are accompanied by vomiting, high fever, convulsion, or loss of consciousness; or if they follow a head injury.

Head Injuries

1. Always suspect neck fractures with head injuries.
2. Have patient lie down with head and shoulders slighty elevated if there are no apparent spinal injuries.
3. Keep under close observation and notify parents. Advise them to contact their physician.
4. If there is deformity, marked swelling, loss of consciousness, vomiting, changes in rate of breathing, difference in size of the pupils of the eyes, or bleeding from scalp, nose, or ear, immediate care by a physician is indicated.

HEADACHES AND HEAD INJURIES

CONVULSIONS

Each teacher should know of any pupil who is subject to seizures, and should have learned from the parent any signs the child may show before a seizure, a description of how the child acts during a seizure, and how long the seizure usually lasts. She should also know any actions found by the parent to be useful in preventing the seizure, or in handling the child during the seizure.

An epileptic child should be known to all his teachers.

When a seizure occurs:

1. Be calm. With proper care and precautions the child is not going to injure himself with the convulsion.

2. Try to keep the child from injuring himself. If there is a sign of a seizure coming on, try to get the child to a place to lie down.

3. Loosen clothes around neck and waist.

4. Gently try to place the child on his side so that his head is turned to the side, and his tongue does not fall back in his throat and block off his airway. With his head to one side chances of aspiration are lessened.

5. Give nothing by mouth until the child has recovered.

6. Be calm. Wait for the seizure to subside. If it does not subside in a few minutes, call the parents or, if they are unavailable, the physician.

7. If this is the first time this child has had a seizure to your knowledge, call the parents and seek immediate medical care.

8. Because of embarrassment to the victim, do not allow bystanders when seizure is over.

CONVULSIONS

FOREIGN BODIES

Splinters: Wash area with antiseptic soap and rinse. If the splinter end is outside the skin, it can usually be removed readily by use of clean tweezers. If the splinter is not easily removed, let the parent remove it at home.

Ears: Foreign bodies in the outer ear sometimes may be removed by tilting head to that side. If it does not come out readily, do not try to remove it with instruments. Be sure the parents know about the foreign body so they can seek medical care. Foreign bodies in the ear should be removed as soon as is practical, but removal is not usually an emergency procedure. However, it is important to remove vegetable material such as peas, seeds, etc. soon, because these absorb water and swell, making removal more difficult the longer they are present. Parents should be contacted when the foreign body is noted so they can arrange for removal by their physician.

Nose: The recommendations for handling foreign bodies in ears apply similarly for handling nasal foreign bodies.

Throat: If a child coughs and chokes when he has had some small object such as a nut, small piece of candy, peas, etc. in his mouth, he may have this object lodged above his windpipe; the coughing child is helping dislodge the object. Do not use back blows, the partial obstruction may become dislodged and become a total obstruction. If symptoms persist, take to physician immediately.

With total obstruction, the victim cannot breathe, speak, or cough, and there is no air movement causing the face to turn blue followed by collapsing. In this case, obstructed airway techniques, American Heart Association (AHA) standards or Heimlich Maneuver (abdominal thrust), should be used to save a life. The rescuer: 1) must act quickly - victim can die in 4-6 minutes; 2) when applying Heimlich Maneuver, use less pressure on smaller victim. (Refer to brochure Choking - Help Him With Your Hands, Division of Emergency Health Services, or American Heart Association maneuver).

In the event that a child swallows a foreign body, it will generally be passed without difficulty. However, if the foreign body is relatively large or sharp, it may lodge in the esophagus in which case the child will generally have some difficulty or discomfort on swallowing liquids. The parents should be informed of any swallowed foreign body.

FOREIGN BODIES

Animal:

1. Wash the wound with soap and water immediately. Apply mild antiseptic.

2. Identify the biting animal. Take measures to have biting animal removed by owner or police for confinement.

3. Report incident to parents of the child, and advise them to see the family physician for advice and further treatment.

4. If it is necessary to destroy the biting animal, do not shoot it through the head, so that the brain of the animal may be sent to the Public Health Laboratory for examination for rabies.

5. Report biting incident to the police, and local health unit or State Department of Health, Division of Disease Control.

6. Make a concerted effort to keep all dogs away from school grounds at all times.

Snake:

1. Where there is danger of snake bites, a snake-bite kit should be part of the first aid supplies in schools. See directions in snake-bite kit or Red Cross First Aid Book.

2. If the bite is from a poisonous snake and is on the hand or foot, keep the bitten part immersed in ice water until the physician is seen. Apply a tourniquet lightly around the extremity above the bite. The tourniquet should be loose enough so that the pulse can be felt below the tourniquet. Contact a physician immediately.

3. The snake should be identified as to type, if possible. If there is a responsible person available, the snake should be killed for later identification.

4. Notify local health unit or State Department of Health, Division of Disease Control.

Insect Stings:

1. Scrape out (rather than pull) stinger if present. Apply cold compresses.

2. Local swelling and pain are normal, but call physician if the child has a generalized reaction such as hives, rash, weakness, vomiting, difficulty breathing, or collapse.

Ticks:

1. Attached ticks must be removed with forceps or gauze-protected fingers. In removing ticks, care should be taken to avoid crushing the arthropod, since this may result in contamination of the bite wound.

2. Touching the tick with gasoline or whiskey sometimes encourages detachment, but gentle traction with small forceps applied close to the mouth parts, which are readily removed, is usually necessary.

3. The site of the bite should be cleansed thoroughly with soap and water.

Black Widow Spider:

1. The bite of the black widow spider causes only slight local reaction but injects a nerve toxin that produces severe pain, profuse sweating, nausea, painful cramps of abdominal and other muscles, and difficulties in breathing and speaking.

2. Child should be seen by a physician.

EYES

Chemical Burns:

1. Irrigate the eye with a profuse amount of cool, clean, water for several minutes. Pour water gently into the inner corner of the injured eye with the head tilted to that side, so that the water passes over the eyeball. Hold eyelids open.
2. Immediate attention from a physician is indicated.

Foreign Bodies:

1. Tell child not to rub eye.
2. Wash hands before handling eyelids.
3. Pull down lower lid to see if the foreign body is on the inner surface of the lid. If so, remove by lifting off with the moistened corner of a clean handkerchief or moistened sterile cotton ball. Do not use dry cotton around the eye.
4. Foreign bodies on the inside of the upper eyelid may be dislodged by grasping the lashes of the upper lid and pulling the upper lid forward and down over the lower lid while the child looks up.
5. Foreign bodies may be flushed off the eye with clean water applied gently from a medicine dropper. Do not try to rub off.
6. If these measures do not remove the foreign body, contact parents and advise medical care.

Abrasions, Lacerations, and Penetrating Wounds of the Eyeball:

1. Child may complain of pain, light hurting eye, clouding of vision.
2. Do not attempt to treat or to remove penetrating object if present.
3. Contact parents. Immediate medical care is indicated.

Blow to the Eye:

1. If severe or if there is clouding of vision, immediate medical care is indicated.
2. Keep child flat and quiet.

EYES

FROSTBITE

Frostbite is a condition caused by exposure to cold and most likely affecting cheeks, ears, nose, chin, hands, and feet. The first symptom usually is whitening followed by intense pink color. With continued exposure pallid whitening will set in. In thawing, the part affected assumes an intense red color, swells rapidly and rises in temperature. Blisters, normally present, grow rapidly and may burst.

Treatment:

1. Get child into warmest available place.
2. If feet or legs are affected do not allow child to walk.
3. Do not apply external heat or cold.
4. Avoid breaking affected skin tissue.
5. Cover child, but not the affected area.
6. Avoid pressure or constriction.
7. Elevate the affected area slightly.
8. Get medical aid. Notify parent.

FROSTBITE

Chemical Burns:

1. Wash area immediately and for several minutes with large quantities of cool clean water.
2. Notify parent. Physician should be consulted regarding need for further treatment which will vary with the nature of the chemical and the extent of the burn.

Thermal Burns (Due to Heat):

1. For first degree (skin only reddened) and small second degree (skin reddened and blistered) burns, apply cool clean water. If feasible immerse in cool clean water until pain subsides. Dry gently and apply sterile gauze dressing. Do not open blisters. If the burns are extensive the child should be seen by his physician.
2. For third degree burns (the whole thickness of skin is destroyed) or for extensive second degree burns:
   (1) Treat for shock if present.
   (2) Do not remove clothing adherent to the burn.
   (3) Do not apply ointments or use absorbent cotton. Try to keep dirt and dust out of the raw area. If sterile dressings are not available, a clean sheet or clean towel around or over the burned area should be used to protect and cover the burn while the patient is awaiting medical care.
   (4) Seek medical care immediately.
   (5) Give nothing by mouth.

BURNS

BLEEDING

In case of accidents, control of external bleeding generally demands first priority after being sure the victim is breathing through an adequate airway (i.e., open passage for air to reach the lungs). Obviously, the more rapid and extensive the bleeding the more urgently is control indicated. Bleeding may be one of the following three types, or may be due to a combination of these types:

(1) General Oozing: Oozing in a small area is best controlled with firm pressure applied over the area with the fingers or hand covered with sterile gauze, if available.

(2) Bright red, pulsating bleeding: This is arterial bleeding and is often profuse. To control, apply firm pressure with fingers or hand on the side of the wound closest to the heart or over the wound itself. If this doesn't stop the bleeding, it may be necessary to apply, at the appropriate "pressure point", firm enough pressure to compress the pulsating artery at this point. These "pressure points" are the points in the groins and midway up the inner aspect of the upper arms where pulsating arteries can be felt. Do not use a tourniquet unless it is impossible to control very severe life-threatening bleeding by other methods. If it is necessary to apply this, a physician should be contacted immediately, and should see the patient as soon as possible. Be sure the physician knows the tourniquet is in place and when it was applied.

(3) Steady, dark bleeding: This is generally venous and is controlled by pressure on the side of the wound away from the heart or on the wound itself. If possible, elevate the bleeding part above heart level.

A combination of the methods of control for the various types of bleeding may be indicated. Use as much cleanliness in control as possible (i.e., clean hands, sterile compresses, etc.). If bleeding is more than mild oozing, medical attention is indicated as soon as possible.

Note: Shock may accompany bleeding and, if so, treat this. Shock may be due to internal bleeding, particularly after blows to the abdomen.

BLEEDING

LOSS OF CONSCIOUSNESS AND SHOCK

Fainting:

Simple, brief loss of consciousness, generally due to excitement or anxiety responds best to calm waiting. Loosen clothing around neck and waist. Don't crowd around patient. Let patient lie down until fully recovered.

Shock (or Circulatory Failure):

This is a severe body reaction to some stress such as a hemorrhage, a severe fracture, or burn. The patient is anxious, cold, pale, sweating. Pulse is weak and rapid. He does not improve after a brief period as he would in case of fainting.

1. Make patient warm (not hot) and as comfortable as possible. Keep calm.
2. Patient should be horizontal with head flat. (Note: In case of possible severe fractures or spine injuries, do not change the patient's position. A physician should be called immediately.) If a person trained in first-aid is available, he should be in charge until the physician arrives.
3. If there is bleeding, control it.
4. If there is a burn, handle this as indicated under "Burns".
5. Do not give anything by mouth.

Lack of Breathing:

If child is not only unconscious but has stopped breathing, use mouth-to-mouth resuscitation.

With the child lying flat on his back, tilt the head back and hold jaw up firmly in a jutting-out position to keep tongue from falling back and closing off the airway. Then start mouth-to-mouth breathing, with mouth over patient's nose and mouth.

LOSS OF CONSCIOUSNESS AND SHOCK

BROKEN BONES AND SUSPECTED SPINE INJURIES

If the injury has been severe, if the patient thinks he has felt a bone break, or if there is physical deformity or swelling, suspect a fracture or dislocation. Medical attention as soon as possible is indicated. Call for someone trained in first-aid until the physician arrives.

In the meantime:

1. Keep the patient quiet and warm.
2. Do not move the bone which may be fractured or dislocated. Do not try to straighten it. Do not move the fragments or the adjacent joints.
3. Do not move or twist the spine or neck if you suspect fractures or dislocations there.
4. Do not attempt to move the patient until proper splints or litter are available.

SPRAINS AND STRAINS

1. Apply cold compresses.
2. Elevate the extremity and do not allow child to bear weight on it.
3. Notify parents and advise them to contact their physician.

BROKEN BONES AND SUSPECTED SPINE INJURIES

HEALTH ROOM EQUIPMENT AND FIRST AID SUPPLIES

Cot or bed

Blanket (firmly woven, washable)

Clean sheets

Splints of several lengths: 1 ft., 2 ft., 3 ft.

3--3 ft. x 3 ft. muslin squares for slings and compresses

1 in. Adhesive tape

3 in. x 3 in. Sterile gauze (individually wrapped)

Sterile Cotton Balls

Antiseptic Soap (Hexachlorophene-containing liquid antiseptic soap)

Clean Tweezers

Snake-Bite Kit (optional)

Scissors

Gauze roller bandage, 1 in. and 2 in. Sterile

Band Aids

Medicine Droppers

Safety Pins

Thermometer

Small Basin

Red Cross First Aid Textbook (May be obtained from local Red Cross Chapters)

American Academy of Pediatrics First Aid Chart

NOTE: Before handling any open wound, or having any contact with eyes, mouth, ears, and nose, wash hands thoroughly. Use antiseptic soap, if possible.

The health room should have hot and cold running water, paper towels, paper cups, and waste basket, and should be properly ventilated.

HEALTH ROOM EQUIPMENT AND FIRST AID SUPPLIES

Preparations for Handling Emergency Accidents and Illnesses

Each school should have administrative procedures developed for handling such emergencies. Policies should be developed with the cooperation of the local medical and dental societies and parents's organizations. The following policies are suggested:

1. Responsibilities should be recognized:
   a. School authorities are responsible for providing first aid and emergency treatment until the parent (or his representative) or the physician arrives to assume responsibility.

   b. Parents are responsible for keeping ill children at home and should be responsible for providing transportation home for children who become ill at school.

2. When a child becomes ill or suffers an accident at school, parents and the school principal should be notified immediately.

3. In serious cases where immediate medical attention is needed, first priority goes to calling the physician. Generally, parents should be contacted first, and they should contact their doctor.

   When prompt medical attention is indicated, if parents or designated friends or relatives cannot be reached, the physician designated by the parents should be contacted.

4. For each child a card which is brought up-to-date each year should be readily available. It should contain:

   a. Home and business address and telephone numbers of parents or legal guardian. Name, address, and telephone number of responsible relative or friend who can be contacted in emergencies when parent is not available.

   b. Signed permission from parent or legal guardian authorizing emergency medical and dental care, and indicating first and second choices of physicians and dentists to be contacted in emergencies when parent is not available.

   c. Any drug sensitivities or serious chronic conditions in the child.

5. At least one person should be available in the school at all times who is trained in first-aid.

EMERGENCY TELEPHONE NUMBERS

Doctor - Office _____

Home _____

Hospital _____

Ambulance _____

Fire _____

Police _____

Sheriff _____

Additional Information _____

_____

_____

_____